

Case Number:	CM13-0072119		
Date Assigned:	01/08/2014	Date of Injury:	07/06/2007
Decision Date:	08/20/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64-year-old female who reported an injury on 07/06/2007. The mechanism of injury was not provided. On 01/28/2014, the injured worker presented with knee and hip pain. Medications include Amrix, Butrans, Hydrochlorot, Keppra, Lyrica, Norco, Robaxin, Trazodone, and Wellbutrin. Upon examination, the injured worker ambulates independently with the use of a cane with a flexed forward gait as well as an increased pain upon palpation over the left greater trochanter. The examination of the lumbar spine revealed pain to palpation over the L3 through S1 spinous process with findings of meniscal tears. The diagnoses include chronic spinal pain in the lumbar; chronic bilateral knee pain; lumbar spine spondylolisthesis; kyphotic alignment with gross listhesis with flexion and extension; left knee joint space narrowing; and left hip early arthrosis. The provider recommended Vicodin 5/500 mg with a quantity of 90 however, the rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

VICODIN 5 500MG X 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Vicodin 5/500 mg with a quantity of 90 is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. However, there should be documentation of objective improvement in function, an objective decrease in pain, and evidence that the injured worker has been monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.